

Office of Admissions and Records
Time Conflict Approval

Return to the Office of Admissions and Records, second floor, Student Services Building.

Please allow the following student to register in the classes listed below. The student must obtain the signature of the instructor for each class involved in the time conflict before they will be allowed to register.

Name _____ NSHE ID _____

Signature _____ Date _____

Year _____

Fall

Spring

Summer

Course 1:

Course _____ Section # _____ Call # _____ Credits _____

Instructor Signature _____ Date _____

Course 2:

Course _____ Section # _____ Call # _____ Credits _____

Instructor Signature _____ Date _____

For Office Use Only

Approved

Denied